

It is mighty comfortable to have something very vague and illusory to stand upon, for then you may change your attitude and shift your position with the minimum of effort and each new pose will seem quite as real as any of the old ones, because the very vagueness imparts an air of stability and in many long words there is much confusion. If you really do not know exactly what you are believing but just believe something, why then it does not matter much how you change the phraseology. Some years ago it was a fundamental pronouncement of eddyism, as nearly as any sane person could understand any of the fantastic pronouncements of that entertaining cult, that there was no such thing as disease; that everything that went wrong with an individual was due to some error of thought, or something equally satisfying and vague. As witness the now almost forgotten White Plains case in New York where a child died without medical care—but with ample eddyite assistance—and a prosecution resulted. The very existence of disease was denied by the entertaining eddyites. Now, however, things have had to be changed. There has been a great object lesson to the world in the sanitation, first of Cuba and more recently of the Canal Zone, and the more wideawake of the eddyites have recognized the fact that they cannot fool the whole world into believing that all sickness is merely “mental error” in view of these facts as demonstrated in a highly commercial and satisfactory way. Therefore they have decided that some diseases do exist and will continue to exist as long as anybody remains alive who is in error. Of course it is understood that any one is in error who does not believe all the beautiful and fanciful nonsense uttered by the deliciously commercial eddyite. This situation would be amusing even to an eddyite if he had a logical mind and a sense of humor; but as that is axiomatically impossible, let it pass. In an official communication from a gentleman by the name of Farlow to the *New York Sun*, he says, in small part: “In the case of strange or suspicious diseases the Christian Scientist acts exactly as those laymen do who are not Christian Scientists, namely, when necessary they call in a proficient medical diagnostician and abide by the legal regulations relating to such cases.” Is this a really truly flip-flop, or is it merely a bunch of words? Have they decided that there are really some diseases or only some “strange or suspicious” new forms of mental error? Eddyites have been in the habit of calling in physicians—but generally it was to keep the case from the coroner. It is all quite amusing.

With the growing complexity of our civilization comes a need for standardization. The microscopist buying a German lens for his American instrument expects to find the screw threads standardized. The San Francisco mother traveling with her young child, expects to secure as “certified milk” in New York, an article not differing widely as to bacterial count and chemical composition from the California product. The two bacteriologists who made counts from these widely separated milk supplies, used agar plates made according to standard methods. In almost every examination conducted in a hygienic laboratory a standard method is employed which has been formulated by a committee of the American Public Health Association. It has remained, however, for California to extend the idea of standard methods from the laboratory to general sanitary procedure. The State Board of Health has recently appointed a committee to be known as the “Committee on Standard Methods of Public Health Administration.” The membership of this committee is state-wide in distribution, and consists of city and county health officers, a bacteriologist, a lawyer, and a sanitary engineer. With our existing health laws as a basis this committee hopes to report to the State Board of Health a code of regulations which will standardize and simplify the work of health officers throughout the state. Such codes have been prepared by several states, but so far as can be learned this is the first instance of the work being delegated to a committee chosen from the health officers themselves. The State Board of Health is to be congratulated on attempting this work which is certainly at the forefront of progress along modern lines of public health administration.

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A glance at the vital statistics of New York State for the month of December (accidentally chosen but probably a fairly average month) is quite interesting. The report is so arranged as to give a comparison between the urban and the rural births and deaths. The urban is approximately three times the rural population and the total deaths have about the same ratio; three to one. The births, on the other hand, are nearly one to five; urban 14,926, as against 2,807 rural. As would be expected, the deaths under one year of age are very much more numerous in the cities than in the country; nearly eight to one; between one and four years the city takes ten times the death toll that the country does and it maintains a larger percentage until the age of 60 and over, when it drops to about one and one-half to one. City life is strenuous; it grinds remorselessly for sixty years and even between 40 and 59 it kills five times as many as does the rural habitat. Probably the drop in the superiority of the urban death rate in those over 60 is illustrative of the survival of the fittest; all those who could be killed off had been; only those superlatively tough could reach that age and live in New York City anyhow!